

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

10 CV. 3345

Robert Fleming  
# 241-08-13940

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York  
NEW YORK CITY POLICE DEPT.  
"Cold Case Squad"  
Wendell Stratford #3420 Det.  
BRACCIN #4305 Det.

## COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☐ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

RECEIVED  
COMM. PRO SE OFFICE  
2010 APR 20 PM 4:10

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

Robert Fleming241-08-13940G.M.Y.C1515 HAZEN STE. Elmhurst, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Det. Wendell Stratford Shield # 3420  
 Where Currently Employed Bronx Cold Case Squad  
 Address \_\_\_\_\_

Defendant No. 2 Name Det. Bracim Shield # 4305  
 Where Currently Employed Bronx Cold Case Squad  
 Address \_\_\_\_\_

Defendant No. 3 Name New York City Dept. Corr. Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address 75-20 Astoria Blvd.  
E. Elmhurst, N.Y. 11370

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? G.R.V.C  
09-09 HAZEN St, E. Elmhurst, N.Y. 11370

B. Where in the institution did the events giving rise to your claim(s) occur?  
I the back of the intake (receiving room) area.

C. What date and approximate time did the events giving rise to your claim(s) occur?  
Date: 10/23/08 Time: 11 AM - 2 PM

D. Facts: ON OCTOBER 23, 2008 WHILE BEING DETAINED FOR THE CHARGE: CPCS I WAS SUMMONED TO THE INTAKE AREA TO BE INTERVIEWED IN THE AREA OF GRYC (BEACON) BY COLDCASE SQUAD OFFICERS: DET. STRATFORD #3420 AND DET. BRACLIN #4305. UPON BEING QUESTIONED, I MENTIONED ACTIVE REPRESENTATION AND THE NEED OF WAITING TO CEASE QUESTIONING TO LEAVE AND CALL MY ATTORNEY AND WAS DENIED BY DET. STRATFORD SAYING: NO! MY LEAVING WILL DELAY THE PROCEEDINGS. THEN I WAS ISSUED THE CUSTODIAL MIRANDA WHICH I STARTED TO SIGN UNTIL I REACHED THE STATEMENT ABOUT COUNSEL REPRESENTATION. THEN I RESISTED SIGNING THE MIRANDA AND WAS THEN GRABBED BY THE NECK OF MY SHIRT AND WAS STRUCK UP SIDE MY HEAD REPEATEDLY BY DET. STRATFORD HIM SAYING "I WAS A SMART ASS!" UPON DOING THAT I CONSENTED TO FILLING OUT THE REST OF THE MIRANDA. I WAS THEN FORCED BY MORE STRICKS TO THE HEAD TO WRITE A STATEMENT WHICH IS NOW BEING USED AGAINST ME. UPON THE CONCLUSION OF THE INTERVIEW, I WAS CAUTIONED BY DET. STRATFORD NOT TO SAY ANYTHING ABOUT WHAT HAPPENED OR SOMETHING MIGHT HAPPEN TO ME. DET. BRACLIN #4305 WAS PRESENT AND LOOKED SHOCKED AND SUPPRESSED AT STRATFORD'S ACTIONS BUT DID NOTHING.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

A SORE NECK, SWOLLEN FACE AND BRUISES TO THE FACE.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

G.R.V.C

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_\_ No ☒ Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No ☒ Do Not Know \_\_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_\_ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

G.M.A.C 15-15 HAZEN St E. Elmhurst, NY 11370

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

I WAS THREATENED BY Det. STRATFORD to not SPEAK About what transpired

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). DECLARATORY AND INJUNCTIVE

RELIEF AND PUNITIVE DAMAGES IN THE AMOUNT OF  
\$50,000. \_\_\_\_\_  
\_\_\_\_\_  
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On  
these  
claims

## VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes \_\_\_\_\_ No ☒

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes \_\_\_\_\_ No ☒

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8 day of April, 2010.

Signature of Plaintiff

Robert Fleming

Inmate Number

241-08-13940

Institution Address

15-15 HAZEN ST  
E. Elmhurst, N.Y. 11370

Note: All plaintiff named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8 day of April, 2010, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Robert Fleming